

Phil Norrey  
Chief Executive

---

To: The Chair and Members of the  
Health and Adult Care Scrutiny  
Committee

County Hall  
Topsham Road  
Exeter  
Devon  
EX2 4QD

---

(See below)

Your ref :  
Our ref :

Date : 14 March 2018  
Please ask for : Gerry Rufolo 01392 382299

Email: gerry.rufolo@devon.gov.uk

## **HEALTH AND ADULT CARE SCRUTINY COMMITTEE**

**Thursday, 22nd March, 2018**

A meeting of the Health and Adult Care Scrutiny Committee is to be held on the above date at 2.15 pm at Committee Suite - County Hall to consider the following matters.

P NORREY  
Chief Executive

## **A G E N D A**

### **PART 1 - OPEN COMMITTEE**

- 1 Apologies
- 2 Minutes  
Minutes of the budget and ordinary meetings held on 25 January 2018 (previously circulated)
- 3 Items Requiring Urgent Attention  
Items which in the opinion of the Chairman should be considered at the meeting as matters of urgency.
- 4 Public Participation  
Members of the public may make representations/presentations on any substantive matter listed in the published agenda, as set out hereunder, relating to a specific matter or an examination of services or facilities provided or to be provided.

### **MATTERS FOR CONSIDERATION OR REVIEW**

- 5        North Devon Healthcare Trust: Action Plan in response to the CQC Report  
NDHC Trust to report (report to follow)
- 6        Winter Pressures Report (Pages 1 - 10)  
Joint Report Head of Adult Commissioning (Devon County Council) and Health and  
Director of Strategy (South Devon and Torbay CCG and NEW Devon CCG)  
(ACH/18/83), attached
- 7        Health and Care Integration in Devon (Pages 11 - 18)  
Report of the Chief Executive (ACH/18/81) attached
- 8        NEW Devon/South Devon and Torbay CCGs/STP Financial Position  
In accordance with Standing Order 23(2) Councillor C Wright has requested that the  
Committee consider this matter
- 9        Torbay and South Devon and NEW Devon Clinical Commissioning Groups: New Model  
of Care  
In accordance with Standing Order 23(2) Councillor S Randall-Johnson has requested  
that the Committee consider this matter
- 10       Promoting the Independence of Adults with Disabilities (Pages 19 - 26)  
Report of the Head of Adult Commissioning and Health (ACH/18/ ), attached
- 11       Internal Audit Outline Audit Plan 2018/19 (Pages 27 - 40)  
Report of the County Treasurer (CT/18/29), attached.
- 12       Work Programme  
In accordance with previous practice, Scrutiny Committees are requested to review the  
forthcoming business (previously circulated) and determine which items are to be  
included in the Work Programme. The Work Programme is also available on the  
Council's website at  
<http://democracy.devon.gov.uk/mgPlansHome.aspx?bcr=1> to see if there are any  
specific items therein it might wish to explore further.

## **MATTERS FOR INFORMATION**

- 13       Information Previously Circulated  
Below is a list of information previously circulated for Members, since the last meeting,  
relating to topical developments which have been or are currently being considered by  
this Scrutiny Committee.
- (a) The King's Fund FYI: links to reports: Public Satisfaction with the NHS and Social  
Care  
<https://www.kingsfund.org.uk/publications/public-satisfaction-nhs-2017>; and Making  
Sense of Integrated Care: <https://www.kingsfund.org.uk/publications/making-sense-integrated-care-systems>
- (b) Stake holder Newsletter 8 February from Torbay and S Devon Trust on updates  
including winter pressures.

**PART II - ITEMS WHICH MAY BE TAKEN IN THE ABSENCE OF PRESS AND  
PUBLIC ON THE GROUNDS THAT EXEMPT INFORMATION MAY BE DISCLOSED**

Nil

*Members are reminded that Part II Reports contain confidential information and should therefore be treated accordingly. They should not be disclosed or passed on to any other person(s).  
Members are also reminded of the need to dispose of such reports carefully and are therefore invited to return them to the Democratic Services Officer at the conclusion of the meeting for disposal.*

<b>Membership</b>
Councillors S Randall-Johnson (Chair), N Way (Vice-Chair), H Ackland, J Berry, P Crabb, R Gilbert, B Greenslade, R Peart, S Russell, P Sanders, R Scott, J Trail, P Twiss, C Whitton, C Wright and J Yabsley
Devon Local Councils Councillor P Diviani
<b>Declaration of Interests</b>
Members are reminded that they must declare any interest they may have in any item to be considered at this meeting, prior to any discussion taking place on that item.
<b>Access to Information</b>
Any person wishing to inspect any minutes, reports or lists of background papers relating to any item on this agenda should contact Gerry Rufolo 01392 382299. Agenda and minutes of the Committee are published on the Council's Website and can also be accessed via the Modern.Gov app, available from the usual stores.
<b>Webcasting, Recording or Reporting of Meetings and Proceedings</b>
The proceedings of this meeting may be recorded for broadcasting live on the internet via the 'Democracy Centre' on the County Council's website. The whole of the meeting may be broadcast apart from any confidential items which may need to be considered in the absence of the press and public. For more information go to: <a href="http://www.devoncc.public-i.tv/core/">http://www.devoncc.public-i.tv/core/</a>
In addition, anyone wishing to film part or all of the proceedings may do so unless the press and public are excluded for that part of the meeting or there is good reason not to do so, as directed by the Chair. Any filming must be done as unobtrusively as possible from a single fixed position without the use of any additional lighting; focusing only on those actively participating in the meeting and having regard also to the wishes of any member of the public present who may not wish to be filmed. As a matter of courtesy, anyone wishing to film proceedings is asked to advise the Chair or the Democratic Services Officer in attendance so that all those present may be made aware that is happening.
Members of the public may also use Facebook and Twitter or other forms of social media to report on proceedings at this meeting. An open, publicly available Wi-Fi network (i.e. DCC) is normally available for meetings held in the Committee Suite at County Hall. For information on Wi-Fi availability at other locations, please contact the Officer identified above.
<b>Public Participation</b>
Devon's residents may attend and speak at any meeting of a County Council Scrutiny Committee when it is reviewing any specific matter or examining the provision of services or facilities as listed on the agenda for that meeting.
Scrutiny Committees set aside 15 minutes at the beginning of each meeting to allow anyone who has registered to speak on any such item. Speakers are normally allowed 3 minutes each.
Anyone wishing to speak is requested to register in writing to the Clerk of the Committee (details above) by the deadline, outlined in the Council's Public Participation Scheme <a href="https://new.devon.gov.uk/democracy/committee-meetings/scrutiny-committees/">https://new.devon.gov.uk/democracy/committee-meetings/scrutiny-committees/</a> , indicating which item they wish to speak on and giving a brief outline of the issues/ points they wish to make.
Alternatively, any Member of the public may at any time submit their views on any matter to be considered by a Scrutiny Committee at a meeting or included in its work Programme direct to the Chair or Members of that Committee or via the Democratic Services & Scrutiny Secretariat ( <a href="mailto:committee@devon.gov.uk">committee@devon.gov.uk</a> ). Members of the public may also suggest topics (see: <a href="https://new.devon.gov.uk/democracy/committee-meetings/scrutiny-committees/scrutiny-work-programme/">https://new.devon.gov.uk/democracy/committee-meetings/scrutiny-committees/scrutiny-work-programme/</a> )
All Scrutiny Committee agenda are published at least seven days before the meeting on the Council's website.
<b>Emergencies</b>
In the event of the fire alarm sounding leave the building immediately by the nearest available exit, following the fire exit signs. If doors fail to unlock press the Green break glass next to the door. Do not stop to collect personal belongings, do not use the lifts, do not re-enter the building until told to do so.
<b>Mobile Phones</b>
Please switch off all mobile phones before entering the Committee Room or Council Chamber
If you need a copy of this Agenda and/or a Report in another format (e.g. large print, audio tape, Braille or other languages), please contact the Information Centre on 01392 380101 or email to: <a href="mailto:centre@devon.gov.uk">centre@devon.gov.uk</a> or write to the Democratic and Scrutiny Secretariat at County Hall, Exeter, EX2 4QD.



Induction loop system available

## **NOTES FOR VISITORS**

All visitors to County Hall, including visitors to the Committee Suite and the Coaver Club conference and meeting rooms are requested to report to Main Reception on arrival. If visitors have any specific requirements or needs they should contact County Hall reception on 01392 382504 beforehand. Further information about how to get here can be found at: <https://new.devon.gov.uk/help/visiting-county-hall/>. Please note that visitor car parking on campus is limited and space cannot be guaranteed. Where possible, we encourage visitors to travel to County Hall by other means.

**SatNav** – Postcode EX2 4QD

## **Walking and Cycling Facilities**

County Hall is a pleasant twenty minute walk from Exeter City Centre. Exeter is also one of six National Cycle demonstration towns and has an excellent network of dedicated cycle routes – a map can be found at: <https://new.devon.gov.uk/travel/cycle/>. Cycle stands are outside County Hall Main Reception and Lucombe House

## **Access to County Hall and Public Transport Links**

Bus Services K, J, T and S operate from the High Street to County Hall (Topsham Road). To return to the High Street use Services K, J, T and R. Local Services to and from Dawlish, Teignmouth, Newton Abbot, Exmouth, Plymouth and Torbay all stop in Barrack Road which is a 5 minute walk from County Hall. Park and Ride Services operate from Sowton, Marsh Barton and Honiton Road with bus services direct to the High Street.

The nearest mainline railway stations are Exeter Central (5 minutes from the High Street) and St David's and St Thomas's both of which have regular bus services to the High Street. Bus Service H (which runs from St David's Station to the High Street) continues and stops in Wonford Road (at the top of Matford Lane shown on the map) a 2/3 minute walk from County Hall, en route to the RD&E Hospital (approximately a 10 minutes walk from County Hall, through Gras Lawn on Barrack Road).

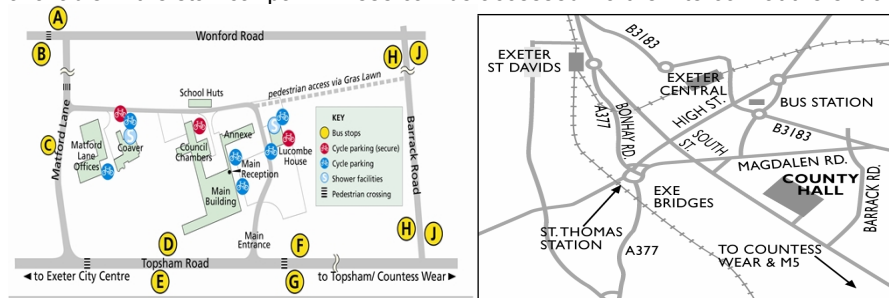
## **Car Sharing**

Carsharing allows people to benefit from the convenience of the car, whilst alleviating the associated problems of congestion and pollution. For more information see: <https://liftshare.com/uk/community/devon>.

## **Car Parking and Security**

There is a pay and display car park, exclusively for the use of visitors, entered via Topsham Road. Current charges are: Up to 30 minutes – free; 1 hour - £1.10; 2 hours - £2.20; 4 hours - £4.40; 8 hours - £7. Please note that County Hall reception staff are not able to provide change for the parking meters.

As indicated above, parking cannot be guaranteed and visitors should allow themselves enough time to find alternative parking if necessary. Public car parking can be found at the Cathedral Quay or Magdalen Road Car Parks (approx. 20 minutes walk). There are two disabled parking bays within the visitor car park. Additional disabled parking bays are available in the staff car park. These can be accessed via the intercom at the entrance barrier to the staff car park.



**NB**   **Denotes bus stops**

## **Fire/Emergency Instructions**

In the event of a fire or other emergency please note the following instructions. If you discover a fire, immediately inform the nearest member of staff and/or operate the nearest fire alarm. On hearing a fire alarm leave the building by the nearest available exit. The County Hall Stewardesses will help direct you. Do not stop to collect personal belongings and do not use the lifts. Assemble either on the cobbled car parking area adjacent to the administrative buildings or in the car park behind Bellair, as shown on the site map above. Please remain at the assembly point until you receive further instructions. Do not re-enter the building without being told to do so.

## **First Aid**

Contact Main Reception (extension 2504) for a trained first aider.

## WINTER PRESSURES

Joint Report Head of Adult Commissioning (Devon County Council) and Health and Director of Strategy (South Devon and Torbay CCG and NEW Devon CCG)

### 1. Recommendation

- 1.1 Scrutiny to note content of the Report.

### 2. Purpose

- 2.1 This report is designed to provide a picture of how Health and Social Care services performed over the winter months for 2017/18.
- 2.2 It is not intended as an exhaustive performance report – as a whole wealth of information was published on a weekly basis nationally.

### 3. Background

- 3.1 Before we cover a range of topics, it would be opportune to highlight the role that NHS and social care staff played over winter, particularly during one of the coldest periods in the UK early March.
- 3.2 There were instances of staff going above and beyond to keep services running. For example, many staff slept in hospitals and GP Practices overnight so that they could ensure they were at work to see patients and service users, a GP travelled by tractor to see patients, and a community nurse used her husband's quadbike to reach those in need. This was in addition to the many staff who worked longer shifts, others who slept on sofas between shifts, and those went in to work support their colleagues even though they weren't due in.
- 3.3 We also saw tremendous efforts by our staff and providers to maintaining services to vulnerable people in their own homes and in care homes.
- 3.4 The support of volunteers across Devon was also invaluable, with people transporting staff to and from work in 4x4s and farm vehicles. Without them, it would have been much more difficult. The community spirit and togetherness shown by everyone was fantastic to see.
- 3.5 Therefore, it would be opportune for the Committee to recognise the fantastic effort by all NHS and social care staff, as they showed huge commitment, professionalism and conscientiousness to keep services running during winter, supported by kind-hearted volunteers.
- 3.6 This report highlights that there was high demand across the whole health and care system. There was a national decision, taken by NHS England, to postpone non-urgent treatment.

# Agenda Item 6

- 3.7 The report also highlights that there was a challenging flu position – however Devon was able to vaccinate more at risk groups and more staff than last year.

## 4. Preparation

- 4.1 In Devon planning for winter was undertaken at a number of different levels:
- **Organisational level** – each provider developing their own surge and capacity plan, and internal escalation.
  - **Local community level** – reflecting Southern, Western, Northern and Eastern localities. This reflects patient flow around the acute trust locations and includes local partnerships between acute, primary and community health care, social care and the voluntary and community sector.
  - **Clinical Commissioning Group (CCGs)** and **Devon** system, where there is a need for wider co-ordination, escalation, flu planning, etc.
- 4.2 Preliminary plans were submitted to NHS England in August, addressing areas of shared concern and gaps in assurance. Additional funding was awarded to the NHS as a consequence of the Autumn Budget, which was used to increase capacity where possible and enabled communities to escalate some of their development plans.
- 4.3 Guidance was provided by the NHS England on expectations about reducing elective activity in hospitals and this was revised and escalated after Christmas with the acute hospital trusts in Devon needing to re-prioritise work and cancel some elective activity during January 2018. This also had a resulting impact on waiting times for elective care.
- 4.4 During the summer and autumn significant whole system planning went into efforts to reduce delayed transfers of care from hospital in Devon in response to a national policy initiative and Better Care Fund targets with numbers reducing by half between June 2017 and November 2017. This closer joint working has continued into the winter period and although numbers have increased they remain below levels experienced last winter.

## 5. Predicted risks for the Devon communities

- 5.1 An important element of the planning was to identify the key risk areas for the community and create mitigation for these where possible to do so. In reality, there were some challenging issues, despite rigorous planning.

### 5.2 Influenza

- 5.2.1 Public Health England led the planning in relation to flu and advised that there was significant risk to vulnerable groups of the population based on the trajectories of the southern hemisphere flu figures. Targeted work in relation to increasing flu vaccines to older people, pregnant women and children, as well as our own staff groups (including home care and care home workers) were a priority. Local plans to issue antivirals in the event of flu outbreaks were also revised.

### 5.3 Domiciliary care capacity

- 5.3.1 Some people being discharged from hospital to home require domiciliary care in the short or longer-term to support them. Depending on their

circumstances, this may be funded by the local authority, by the NHS or be self-funded. Arranging an appropriate package of care may be delayed because of challenges regarding access (e.g. making arrangements over a weekend) or sufficiency (e.g. identifying appropriate capacity in that geography.) Sufficiency challenges are mainly related to workforce recruitment, retention and absence with the scale of the challenge varying geographically and being the focus of our nationally recognised 'Proud to Care' campaign and other initiatives.

- 5.3.2 Although overall demand does not increase in the winter period, flow can increase meaning more packages beginning, ending and changing with the additional logistical challenges that presents. This can be further compounded by adverse weather and staff absence due to influenza and other seasonal illness.
- 5.3.3 The number of packages of care for people waiting to be discharged from hospital that the local authority's brokerage teams are unable to allocate is approximately half the rate of last winter. No one in Devon is left unsafe and where provision is unavailable from the provider market (approximately 2% of total demand at any one time); contingency arrangements are made to that ensure their need is met, which in some instances will mean people staying in hospital.

## **5.4 Care home capacity**

- 5.4.1 Although our priority across the health and care system is to support people at home wherever possible, there are circumstances when residential or nursing care is the best solution in the short or longer-term. Again, depending on their circumstances, this may be funded by the local authority, by the NHS or be self-funded and making suitable arrangements can be delayed due to access or sufficiency reasons.
- 5.4.2 While our assessment is that currently overall there is sufficient capacity in the market in Devon, and overall demand tends to reduce somewhat during the winter period, there can be pressures in particular geographies for provision that meets specific needs at certain times. The development of this market as population needs change (with greater complexity relating to frailty, dementia and other conditions associated with old age) is an ongoing priority.

## **5.5 Primary care**

- 5.5.1 As elsewhere in the country, there was concern about the capacity of primary care. NHS England explored options early on for supporting primary care. Examples included alternative home visiting schemes using paramedics, Devon Doctors offering remote triage for practices and services such as 111 offering alternatives to care home and community based staff (nurse, paramedics etc.)

## **5.6 Workforce**

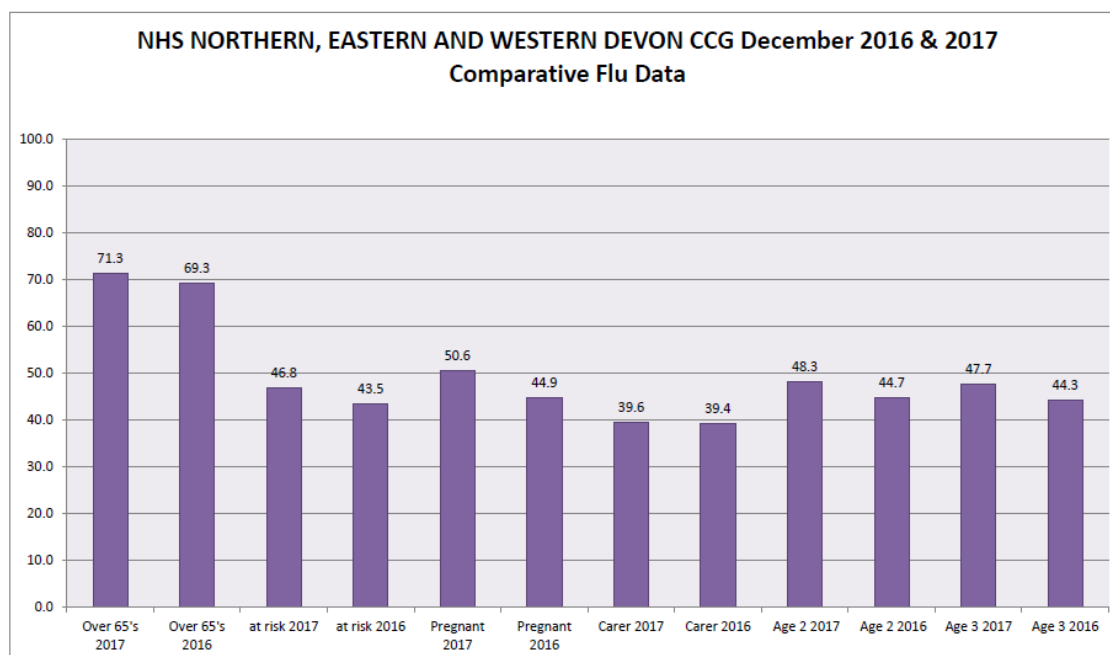
- 5.6.1 As elsewhere in the country, the availability of clinical and operational staff was a challenge for all providers. Staffing for new services such as care home visiting schemes, acute assessment units and frailty services placed pressure across all of the system as there was requests for additional capacity targeted on seven day working, intermediate care, and 'front end' assessment capability. This was in addition to the extra capacity required for domiciliary care and care homes as well, in order to meet the extended length of stay and recovery times for our older frail population. Many organisations

# Agenda Item 6

paid for additional staff at their own financial risk to provide support and increased capacity, allowing for any increases in staff sickness.

## 6. The winter experience

- 6.1 Rigorous planning for winter took place across the Devon system. This has been an extremely hard winter for all partners in the Devon health and care system.
- 6.2 Activity levels have been higher than local and national predictions in some areas and levels of illness, especially in relation to our frail elderly population and infections (flu especially) have been challenging.
- 6.3 As elsewhere in the country, service capacity has been challenged across health and care services and Devon has been no different. We have seen some good performance against the national standards in some communities, but other areas where the pressures have impacted on performance. The ability to reduce delayed transfers of care at Royal Devon and Exeter Foundation Trust and Plymouth Hospitals NHS Trust have been impacted, but figures are starting to improve, as delays are reducing.
- 6.4 As elsewhere in the country, Influenza has had a significant impact on our system this year, levels of which are still fluctuating, but still not resolved. Gastroenteritis type illnesses were also prevalent, but did not create overwhelming infection control issues for the systems.
- 6.5 Activity levels were up across the system in almost all services.
- 6.6 Flu vaccination uptake has improved this winter, in comparison with previous years and there was good uptake for pregnant women and children, in particular.



6.7 As usual with winter, high levels of respiratory illness were prevalent, which had adverse impacts on intensive and high dependency capacity, which resulted in a challenge for meeting key performance indicators.

6.8 The table below describes the local community escalation scale for the past few months. The scale is known as OPEL (operational pressures escalation levels). Level 1 is complete business as usual and OPEL 4 is the most heightened level, when significant operational challenges are faced. This table describes the level for the four acute hospital providers (in all but the western locality, the main provider manages both community and acute services).

Average OPEL Level										
Daily unvalidated data	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18
Northern Devon	1.83	2.29	1.65	1.00	1.47	1.90	2.71	1.76	1.89	2.81
Royal Devon and Exeter	1.28	1.05	1.45	1.33	1.29	2.14	2.32	2.05	2.63	3.00
Plymouth Hospitals	3.22	2.89	3.05	2.90	3.00	3.38	3.09	3.15	3.65	3.76
Southern Devon and Torbay	1.53	2.81	1.62	1.05	1.64	2.57	1.82	1.68	2.58	3.09

6.9 The escalation levels are calculated at least daily against a set of triggers and generate a set of specific actions for each Trust to enact until the system reaches more manageable levels of workload. This table demonstrates that for much of the December and January period communities were working at the higher level of intensity, but were nonetheless managed well. Framework available [here](#).

## 6.10. SWASFT activity & performance levels for Devon

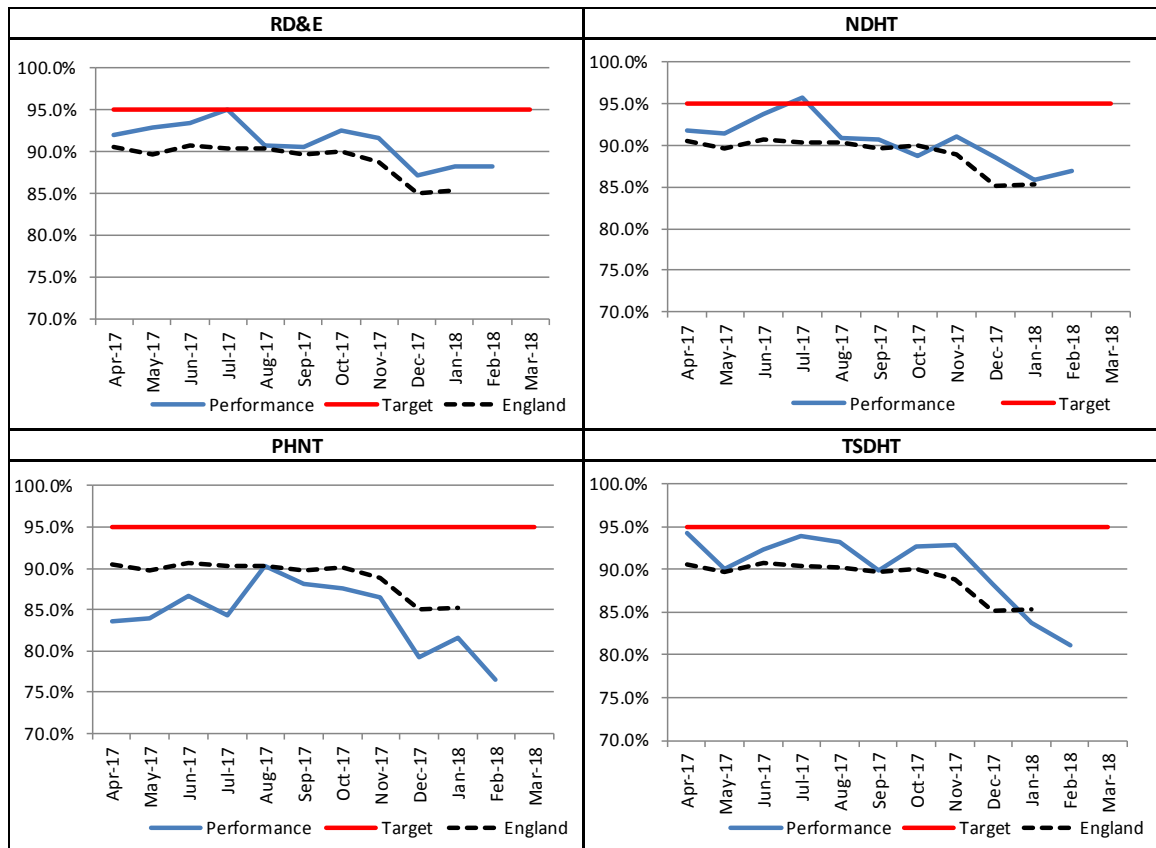
6.10.1. South Western Ambulance Services Foundation Trust (SWASFT clinically differentiated call response times, and introduced additional clinical capacity managing the queues. However the increase in ambulance activations compared with the previous year, continued to impact on response rates.

6.10.2 Integrated urgent care (111 and out of hours) has seen a month on month increase in calls. Nationally and locally the use of 111 increased by 16% (over nationally predicted levels). In part, this may be a result of our local winter communications campaign that included reminding the public that 111 is an option.

6.10.3 All of the acute health service providers experienced a reduction in their A&E performance over the winter.

## 6.11 A&E performance by acute trust

# Agenda Item 6



6.11.1 The system-wide communication campaign appears to have had a positive impact on people using alternatives such as pharmacies, 111 services and minor injury units. We are currently evaluating this activity and the impacts that it had on behaviour and can make this available once complete. During the winter communications campaign for Devon, we know:

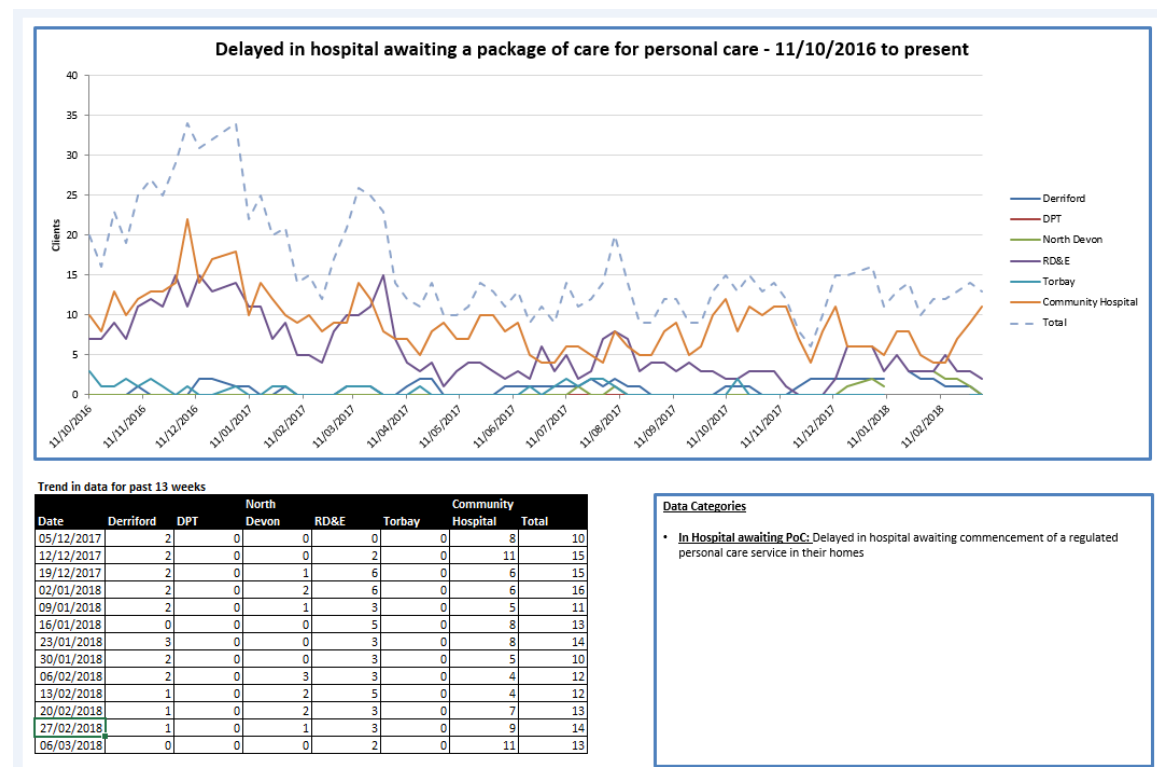
- More than 200,000 people were reached through planned newspaper advertising and advice
- More than 100,000 people were reached through planned pharmacy advertising
- More than 350,000 people were reached through planned radio advertising
- Nearly 500,000 people were reached through planned online advertising, social media and videos.

6.11.2 The biggest challenge for all areas was the need to keep the flow of patients through the system at an optimal level. Each area concentrated their efforts and saw an improvement in their ability to track and predict the expected capacity requirements, as patients care needs changed. However, the pressure on the availability of domiciliary care in particular, created delays as even with better intelligence, services were not able to increase capacity at the rate needed to keep up with demand. Health and social care worked extremely well everywhere to minimise delays, but these still occurred.

6.11.3 The potential for unfilled packages of domiciliary care and the impact on flow and delayed transfers of care were a significant concern going into the winter period. Over 3600 people receive domiciliary care every day in Devon and on average no more than 1% of packages were unfilled, which was a much

better performance than anticipated. In most instances, the delays were around complex and/or large packages of care, (i.e. needs where individualised training was needed or high levels of input needed – ‘double ups’ and multiple daily visits) and contingencies were put in place to keep people safe.

- 6.11.4 The number of people in hospital waiting for Devon County Council to arrange a package of personal care this winter (November 2017 to February 2018) has been approximately half the number experienced in the previous winter (November 2016 to February 2017). The proportion of delayed transfers of care attributable to adult social care has also been running at approximately half of the national average during the same period. There have been similar reductions in the number of people living in their own home waiting for a package of personal care, and those requiring contingency cover by the Social Care Reablement or Rapid Response Services have also significantly reduced, while numbers in temporary residential care placements are similar to last year.

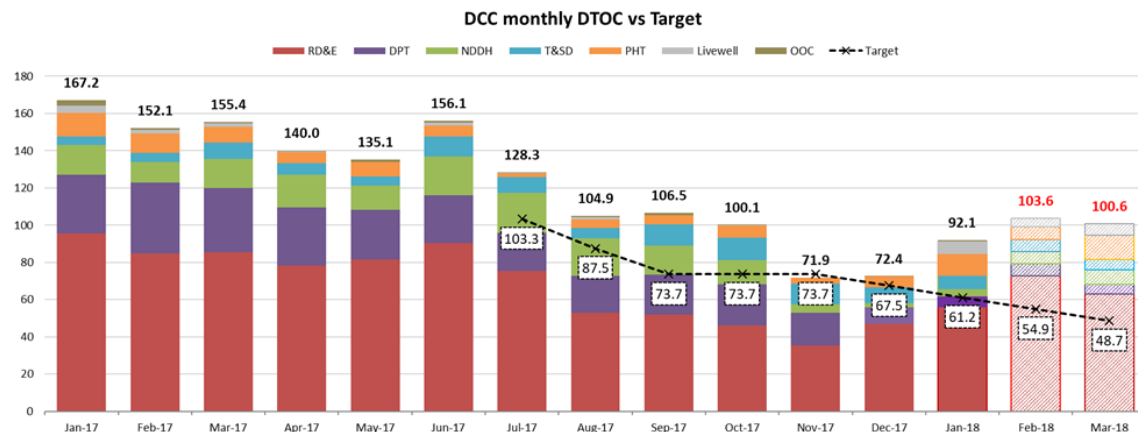


## 7. Key performance indicators

- 7.1 The NHS and local authorities are in a challenging position in relation to the two main performance indicators, which are a test of the health of the urgent care system and the robustness of integrated working.
- 7.2 There is a requirement for the acute services to deliver a target of at least 90% of all people having their care completed in emergency departments within four hours by October 2017 and then this rising to 95% by the end of March 2018. Whilst good progress was made towards this by the October deadline, the challenge of the work load for the winter period (as experienced in many other parts of the country) means that this target will be a challenge for all providers.

# Agenda Item 6

- 7.3 The second key quality indicator is that of delayed transfers of care. The target for all of our communities is that no more than 3.5% of all acute beds should be occupied by people who are fit to go but are unable to because of other factors. The southern and northern acute delays are well within the England average and there was a positive downward trend for western and eastern, but these have reversed in January.
- 7.4 Delayed transfers of care were at lower levels this winter across the county than last winter. See chart below.



## 8. Early lessons for ongoing surge and escalation planning

- 8.1 Although still in the winter period, we are already looking towards the next periods of escalation. The next bank holiday period will be Easter and as a four day holiday period this is always challenging. A communications campaign for Easter has been prepared and local advertising will shortly be underway.
- 8.2 Easter falls at the very beginning of April and the ongoing winter pressures and continued presence of flu and respiratory illness in the system means there will be little respite or chance to recover before moving toward the next peak.
- 8.3 Winter debriefs have taken place and learning is being collated in each area. Emerging themes include:
- Need to increase and stabilise domiciliary care capacity
  - Need to improve our ability to predict our needs so that we can be prepared for the next stage in care. This is especially important in enabling our community services, home care and care capacity to be planned so they can respond quickly and according to need.
  - Enhanced support needed for care homes to manage their frail residents.
  - Need increasing support to sustain our primary care capacity.

## 9. Summary and conclusion

- 9.1 This has been a particularly challenging winter for health and care in all areas of the country, but planning was thorough and as a result, limited the worst potential impacts.
- 9.2 We will incorporate our learning, and that of other colleagues and communities, into our local resilience planning to continue to improve our response to surges in demand for health and social care.

Tim Golby  
Head of Adult Care Commissioning and Health  
Devon County Council

Sonja Manton  
Director of Strategy  
South Devon and Torbay CCG and  
NEW Devon CCG

**Electoral Divisions:** All

Cabinet Member for Adult Social Care and Health Services: Councillor Andrew Leadbetter

Chief Officer for Adult Care and Health: Jennie Stephens

[

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

Contact for Enquiries: Damian Furniss  
Tel No: 01392 382300 Room: First Floor Annexe

<u>BACKGROUND PAPER</u>	<u>DATE</u>	<u>FILE REFERENCE</u>
-------------------------	-------------	-----------------------

Nil



ACH/18/81

Cabinet

14 March 2018

Health and Adult Care Scrutiny Committee

22 March 2018

## HEALTH AND CARE INTEGRATION IN DEVON

### Report of the Chief Executive

#### Recommendation

1. To note the key features of an emerging Devon Integrated Care System being a single Integrated Strategic Commissioner, a number of Local Care Partnerships, a Mental Health Care Partnership and shared NHS corporate services.
2. To consider the proposed arrangements in Devon as set out in para 3 and to report to the Appointments and Remuneration Committee as necessary.
3. To approve the co-location of NHS and DCC staff within the Integrated Strategic Commissioner, subject to agreement of the business case.
4. To invite Health and Adult Care Scrutiny Committee to include Integrated Care System governance in its work programme.

#### 1. National Context

- 1.1. There has long been a national policy driver towards the integration of health and social care with successive governments using the term without prescribing a solution or answer. The key national initiatives since 1999 and legislative requirements are laid out below. Rather than requiring a top down structural change, there have been a range of national policy directives and inducements to achieve integration including:
  - Requiring local authorities and NHS partners to work together in Sustainability and Transformation Partnerships
  - Encouraging joint governance through structures such as Health and Wellbeing Boards
  - Introducing pooled budgets that requires joint decision making such as the Better Care Fund
  - Developing a Five Year Forward View for the NHS encouraging New Models of Care and a pioneer programme to test their effectiveness

# Agenda Item 7



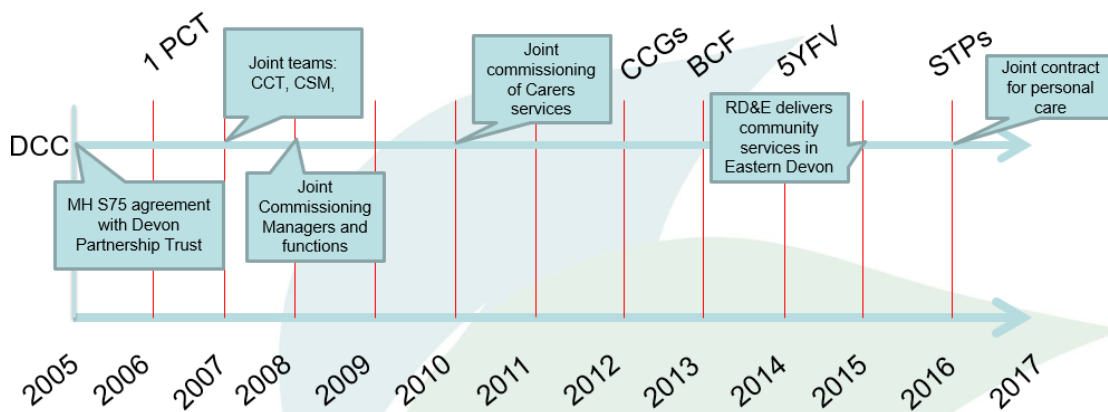
Current government policy is to encourage local health and care systems to focus services on the individual without the need for top-down structural change imposed from the centre.

- 1.2. In 2016 the Local Government Association, the Association of Directors of Adult Social Services, the NHS Confederation of Providers and NHS Clinical Commissioners published a vision for the integration of adult social care (Stepping Up to the Place) and made a shared commitment, focussing on:
  - Local systems to embed integration as 'business as usual'
  - A collective approach to achieving integration by 2020
  - Consensus and action on the barriers to making integration happen
  - Dialogue with national policy makers on ensuring integration is effective
  - Ongoing testing and evaluation to develop the evidence base

## 2. Local Devon Context

- 2.1. Within this national context, Devon has been developing its integrated working and there is much in place already.

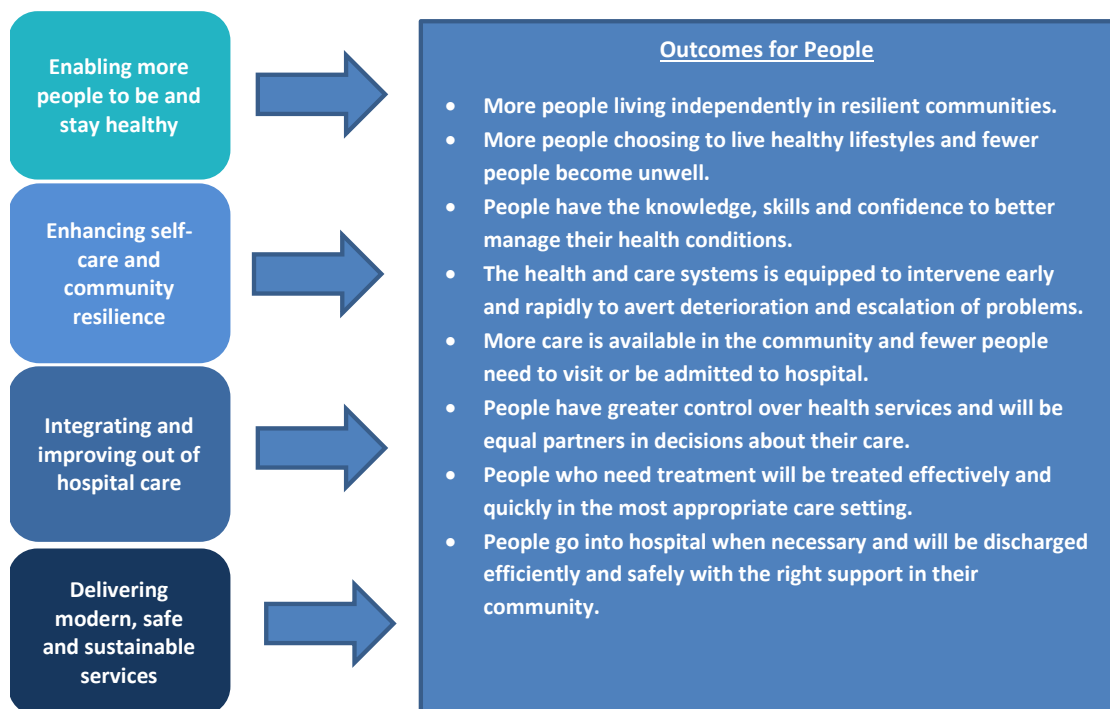
The further development of proposals for an Integrated Care System in Devon is the latest phase in an ongoing journey towards a fully integrated health and care system across wider Devon and the timeline below indicates development since 2005:



In the Devon County Council area, we:

- Entered into a Section 75 agreement for the provision of services to working age adults with mental health needs in 2004 with Devon Partnership Trust. Note: A Section 75 partnership agreement details arrangements between local authorities and the NHS for pooling resources and delegating certain NHS and local authority functions to other partners.
- Agreed co-location and co-management of community health and social care services in 2007
- Established joint commissioning management posts and functions from 2008
- Began the joint commissioning of services from 2010, with a range of shared contractual frameworks e.g. services to carers, personal care services
- Have furthered this approach by agreeing lead responsibilities on common functions e.g. market management
- Introduced the joint governance of pooled budgets, including of the Better Care Fund from 2015

2.2. We are now working together around a common set of objectives and outcomes:



Since December 2016, partners in the health and care system (via the sustainability and Transformation Partnership (STP)) across Devon have been working with a shared purpose to create a sustainable health and care system that will improve the health, wellbeing and care of the population. This report aims to set out the way forward to bring about further health and care integration in Devon. It is to be noted that there is no proposed changes to the formal governance of health and Care in Devon as proposed.

# Agenda Item 7

- 2.3 To support the most effective delivery of health and care and achieve the outcomes of improving quality, lowering costs and enriching user experience through stronger care integration, partners in Devon are planning to further develop partnership working across health and care through the establishment of an Integrated Care System (ICS). An ICS are those in which commissioners and NHS providers, working closely with GP networks, local authorities and other partners, agree to take shared responsibility (in ways that are consistent with their individual legal obligations) for how they operate their collective resources for the benefit of local populations (*NHS 2018/19 Planning Guidance Para 5.2*). This goes alongside the statutory duty of the local authority to co-operate with NHS partners and collaboration and partnership are key features and components of an ICS approach

The NHS planning guidance 2018/19 is also clear that public engagement is essential and as systems make shifts towards more integrated care, we expect them to involve and engage with patients and the public, their democratic representatives and other community partners (*Para 5.10*).

- 2.4 The ICS is not an Accountable Care Organisation (ACO) which has been subject to national consideration and debate including judicial challenge over any future contractual arrangement. The ICS is not about changing organisational accountability or privatisation of NHS or council services and the local authority will remain responsible for all its existing statutory obligations. NHS statutory obligations also remain unchanged.

The approach has potential to:

- Greatly enhance how health and social care services are commissioned and delivered to those living in our communities.
- Result in services that are far more joined up, less confusing and better coordinated especially for primary, secondary and social care.
- Oversee – but not control the use of the annual healthcare budget (£1.5 billion) and social care budget (£227 million) across Devon.
- It will also reduce the administration involved in managing these services.

The development of an Integrated Care System in Devon mirrors the approach being taken nationally.

- Creating more robust cross-organisational arrangements to tackle the systemic challenges facing the NHS and social care;
- Supporting population health approaches that facilitate the integration of services focused on populations that are at risk of developing acute illness and hospitalisation;
- delivering more care through re-designed community-based and home-based services, including in partnership with social care, the voluntary and community sector; and
- allowing systems to take collective responsibility for financial and operational performance and health outcomes.

## **3 Integrating the Health and Care system in Devon**

- 3.1 ICSs bring together aspects of health and social care, enabling organisations to share services, budgets, staff and resources where appropriate to best meet the needs of the populations they serve.

In each ICS, the commissioners and providers of acute hospital and community services, primary care, mental health and social care will work increasingly in partnership to plan, finance and run services.

Staff are currently working across organisations, on behalf of the people they jointly serve, to plan for these changes.

The NHS Constitution and Local Authority Constitution will remain at the heart at everything we do, meaning anyone can receive high-quality NHS care, free at the point of access, whenever they need it. People will still see a GP when they need it and there will still be hospital care. Social care will continue to operate as it does now but integration will mean services are increasingly organised around the needs of individuals and not organisational boundaries.

Working in partnership across a wide range of services, people will be helped to stay healthy, receive more support and treatment at home rather than having to go into hospital and see their GP more quickly.

If people do need to be admitted to hospital, they will be supported to get home more quickly with the support they need.

An ICS is not the creation of a new organisation, but rather a new way of partnership working. This is known as integrated care and will mean health and care organisations working more closely together than ever before to the benefit of our population.

With NHS and Local Authorities now working more closely together than ever, we should give our doctors, nurses and social care staff the best chance of success.

- 3.2 In Devon we have agreed the following:

**(i) A single integrated strategic commissioner**

Devon's ambition is to have a single strategic commissioner for health and social care, primary care and specialised commissioning and the three health commissioners (two CCGs and NHSE) and three local authorities (Devon County Council, Plymouth City Council and Torbay Council) are developing plans for this.

The first step of this will see the county's two Clinical Commissioning Groups – NEW Devon CCG, and South Devon and Torbay CCG – working together to:

- Manage the overall annual NHS budget of £1.5 billion.
- Set strategic direction for the healthcare services
- Co-commission services

# Agenda Item 7

- Develop plans for the future – including possible moves to take on more specialised commissioning services and primary care services from NHS England.
- Work more jointly with Local Authority Partners – where this is in the best interests of population health and well-being.

## **(ii) A number of local care partnerships and integrated mental health**

Local care partnerships will look at how budgets, services and resources are planned and used for specific local populations across Devon.

Mental health services will be placed on an equal footing as physical health and ensure that specialist mental health services become more integrated within primary and secondary care. To support this, commissioners and providers for mental health will be working in a more joined up way with each other and with the place based local care partnerships.

## **(iii) Shared corporate services across Devon for the NHS**

This will see key corporate services (such as IT, finance and HR) in all NHS organisations moved into a shared service across Devon so that there is greater cooperation, less duplication and greater efficiencies.

## **4. Proposed Arrangements in Devon**

- a. To support the development of integrated strategic commissioning, local authorities and NHS in Devon have been exploring how plans and resources can start to align better. This will allow joint influence and more effective deployment of skills and resources.

It is expected that each area evolves its plans into one of an ICS or Integrated Health and Care system as described. Locally the ambition is that we commence this enhanced model of partnership working from April 2018 where possible.

This mirrors national direction which sees integration of the role of the Secretary of State for health and social care. Recent national planning guidance for 2018/19 provides clear direction on this.

NEW Devon CCG and South Devon and Torbay CCG have been aligning their resources and executive teams to ensure that local health commissioning is more streamlined and in a good position to become more integrated with both local authorities and health commissioning currently being undertaken at regional level (primary care and specialised commissioning by NHSE). Consultation on a single CCG executive structure is currently underway and due to be concluded at the end of February 2018 with implementation as soon as possible thereafter.

- b. To support the development of integrated commissioning at strategic commissioner level, it is proposed that there is a senior leadership team which includes joint appointments between local authorities and the NHS. In particular for Devon County Council:

Three positions jointly funded by DCC and CCGs at Executive Team Level.

The current posts impacted by this are:

- (1) Head of Adult Commissioning and Health
    - Currently DCC funded
  - (2) Joint Strategy Director
    - Currently NHS funded
  - (3) Joint Commissioning (South Devon)
    - Currently joint funded by NHS and DCC
- This will be cost neutral and detailed arrangements for the new joint posts are still subject to consultations within the CCG and DCC.

- c. There is also an ambition for co-location of teams, based in the Exeter area. Options for this are currently being explored with a view to making a decision about location in the spring of 2018. This is very timely as the current lease arrangements with NEW Devon CCG at County Hall end in August of this year.
- d. Additionally, joint arrangements with Plymouth City Council and Torbay Council at strategic commissioning level are also being explored, and interfaces at Local Care Partnerships level will need to be agreed.

Through the joint arrangements it brings greater involvement of the council in the broader decisions for health and wellbeing of our population, and confirming these arrangements will allow us to work more effectively together.

## **5. Governance**

- a. As outlined, there is no change to legislation, statute or constitutions. The role of the Health and Wellbeing Boards will remain and options on governance of these new integrated arrangements will need to be explored. Similarly, the role of scrutiny committees will remain a key function so it is important that Scrutiny members are involved in the planning for these integrated arrangements. It is recommended that Cabinet invites Health and Care Scrutiny to consider this issue to inform future decision making. For the avoidance of doubt there will be no change to existing arrangements of governance or accountability from 1 April 2018.

## **6. Conclusions**

- a. Devon is already well placed to deliver on national policy around integration. Changes will be incremental and constructing a broad consensus will be an essential part in the success of any ICS.

Phil Norrey  
Chief Executive

# Agenda Item 7

**Electoral Divisions:** All

Cabinet Member for Adult Social Care and Health Services  
Councillor Andrew Leadbetter

Chief Officer for Adult Care and Health: Jennie Stephens

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

*Contact for Enquiries:*            *Tim Golby*  
*Tel No: 01392 383000*            *Room: A109*

<u>BACKGROUND PAPER</u>	<u>DATE</u>	<u>FILE REFERENCE</u>
-------------------------	-------------	-----------------------

*Nil*

## PROMOTING THE INDEPENDENCE OF ADULTS WITH DISABILITIES

Report of the Head of Adult Commissioning and Health

### 1. Recommendation

- 1.1 Members of the Health and Adult Care Scrutiny Committee are asked to note feedback from the listening events that recently took place across the County, focusing on what matters to people with disabilities.
- 1.2 Members are asked to consider the work underway, informed by this feedback, to improve how people in Devon are supported to be as independent as possible and to lead meaningful lives in their communities.
- 1.3 Members are also asked to consider the next steps in taking this work forward.

### 2. Purpose

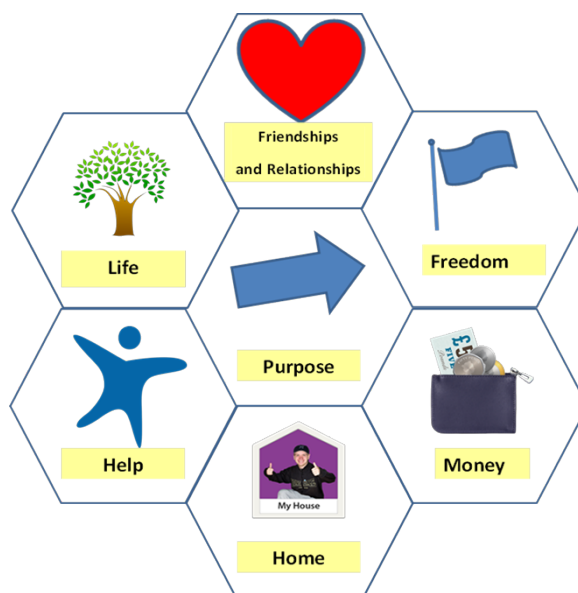
- 2.1 At the Committee meeting in November, Members discussed our ambition to promote the independence of people with disabilities and to change how we work with people and communities to achieve this. To inform this work, the Committee is aware that we held a number of listening events across the County with people, their families/carers and a range of other partners at the end of last year. This report updates the Committee on what we heard how we plan to response.
- 2.2 The report also builds on the discussion at the Adults Standing Overview Group last month, where Members highlighted their role and that of the wider Council in helping people to live meaningful lives within their communities. This report considers the sorts of things that we can do across the Council to support with that approach.

### 3. Background

- 3.1 People with disabilities include those with learning disabilities, physical disabilities, autism and/or sensory needs.
  - There are around 15,000 people with a learning disability in Devon. 2,494 of these receive adult social care services.
  - About 1,500 people with physical disabilities and/or sensory needs aged 18-64 years receive social care services in Devon.
  - There are over 7,500 people in Devon with autism. 773 adults with Autism received services at the end of July 2017.
  - 7.5% of adults with a learning disability in Devon were in paid employment in 2016/17.
  - Approximately 25% of young people with an Education, Health and Care Plan transition to adult services each year.
  - Support to adults with disabilities makes up about 45% of the Council's budget for adult social care.

# Agenda Item 10

- 3.2 We know that people with disabilities and their carers do not generally want to be dependent on public services or be placed in a care setting if this can possibly be avoided. Instead, they tell us that they want to live with and/or be supported by their family and friends at home in the community, and remain connected to their interests.
- 3.3 We know that in Devon we still have significantly more people using statutory services than other local authorities across England and, the way we support people with disabilities is not always focused on supporting them to live as independently as possible. This is what we must change.
- 3.4 Our recent listening events asked those who use our services and their carers about what matters to them and how we can help them to achieve their aspirations. The method of sharing and listening varied based on the audience and was structured around the seven keys to citizenship, as set out in the image below.



## 4. Feedback from listening to what matters to people

- 4.1 At the end of last year, we talked with our partnership boards made up of people with learning disabilities and autism, our staff and a range of other partners. We also held nine events across the County at day and respite centres. The feedback we received from the 120 attendees is summarised below.
- 4.2 Feedback from people who use our services and their families
- People and their families/carers were very positive about the services they receive.
  - People find change difficult and it needs to be taken at the right pace.
  - Day centres provide a valuable 'hub' for personalised activities, as well as providing a base for people to access community facilities from.
  - People enjoy spending time with friends and socialising with others
  - People want purposeful activity and meaningful employment. They want to learn skills that will support them to have a job.

- People want to learn independent living skills, including food purchasing, preparation and eating, alongside personal care, money handling and travel training.
- Day centres provide a valuable break for parents.
- People want to be able to access their local community – people enjoy accessing clubs, travelling on buses, going out for coffee, etc.
- People want choice in undertaking meaningful and purposeful activities.
- Day centres provide a service that is safe, familiar and respected.
- People would like greater flexibility in opening hours.

## 4.3 Feedback from our staff

- We should review the purpose of day centres to have a greater focus on enablement, strength based goals and support for people to access paid employment and voluntary opportunities. This should include both short term and longer-term interventions and to reduce reliance on day centres long term.
- There is a wealth of resource and expertise that we need to use better to improve outcomes for people.
- People want flexibility in the time when services/activities are offered – including evening and weekend opportunities.
- We should consider closer joint working (co-location) with other teams, including community enabling and community teams.
- We should ensure reviews are timely and involve expertise of staff from day services.
- We should review transport as millage restrictions limit access community facilities particularly for the more rural day centres.
- People want to be able to network with the community in a meaningful way.
- People want opportunities for social interaction and community inclusion that lasts.

- 4.4 We have shared this feedback with those who participated in the listening events. It is important that we talk to them again about how we are acting on their valuable contributions and to share our ideas for improvement with them. We will do so in the coming months.

## 5. **Our vision and what this means for people and communities**

- 5.1 On the basis of the feedback we have received, we are developing an ambitious vision for people with disabilities in Devon. We want people to have the same opportunities as everyone else and to lead meaningful lives within their communities. What matters to people and how they can achieve their potential will drive all we do.
- 5.2 We want people with disabilities to have opportunities to meet friends, to join social groups and to benefit from community and leisure facilities. We are working with communities to ensure that there are opportunities for people to live as independently as possible. We also want to build closer links with District and Parish Councils to promote independence and social inclusion for people with disabilities. This includes through ensuring appropriate accommodation and housing supply. We will work with communities to make this happen.

# Agenda Item 10

- 5.3 We want people to develop independent life skills and to achieve their potential. We want people to be able to access support when they need it, close to home that will help them achieve their goals. Where possible, people with disabilities will have the appropriate education and training opportunities to support them to have a job.
- 5.4 We recognise that people with disabilities have a range of needs and specialist and intensive support will be in place when people need it. We also want carers to be able to care for the people they look after.

## **6. Key areas of focus across the health and care system**

### An assumption of employment for people with disabilities

- 6.1 People with a learning disability tell us that they, like most of the population, want to work. However, many people also tell us that they find it difficult to get a job. Employment is one of the best ways to build on people's strengths and abilities, and to enable them to live independently within their communities.
- 6.2 We want more people with disabilities in Devon to be employed (paid or unpaid) by 2020. We are embedding an assumption of employment into all areas of professional practice, which means that our care will be focused on supporting people to learn the skills they need to have a job.
- 6.3 Alongside this, we are working with a range of partners, including JobCentrePlus, Further Education colleges, Learn Devon, businesses and the University, to address the known barriers to employment and increase opportunities for volunteering, apprenticeships, internships and employment for people with disabilities. This work requires a multi-agency approach with all organisations taking responsibility for this ambition and taking steps to support people with disabilities to have and retain a meaningful job.
- 6.4 Officers recently held a workshop with key partners to consider the actions we can all undertake to support more working age adults into employment. This included learning from other authorities and supported employment providers, and how to engage and support local employers to employ people with disabilities. With our partners, we are promoting the value that people with disabilities can bring to businesses and to the local community as a whole through a focused campaign across the County in April.
- 6.5 Over the past year the Council has supported two employment opportunities for people with disabilities, including a paid permanent role and an internship for a young person through their Further Education college. We can talk to the Committee about the impact of this, on the individuals and on the Council and what more can be done.
- 6.6 The recent Annual General Meeting of the Learning Disability Partnership Board (LDPB) focused on how we can support more people with disabilities into employment, the Council's senior leadership team was in attendance. A verbal update on the resulting actions from this meeting can be given to the Committee.

### Opportunities in communities for people to live as independently as possible

- 6.7 We are creating more opportunities for (unpaid) friendships and peer support in communities for people with disabilities. Friendship groups will include a matching service for people interested in the same type of activities. We are also making greater use of community resources, such as care and support delivered by carers in family homes, to create capacity in communities to support people with disabilities. Focus groups are influencing the development of the Accessible Website for people with disabilities, which aims to better connect people with one another and their communities.
- 6.8 Through discussion with the Learning Disability Partnership Board (LDPB), leaders across the Council have committed to improving accessibility and support to promote the independence of people and to support integration into community settings. This includes making bus routes more accessible, ensuring bus drivers receive learning disability awareness training and providing people with accessible information to help them understand the different types of road crossings. The impact of the plan is monitored by the Council's Leadership Team and the Chair of the Partnership Board.
- 6.9 We have also talked with the Devon Local Government Steering Group, which includes District Councils, about the need for more changing places(?) in market towns across Devon and for information about recycling and refuse collections to be available in easy read format. Making sure that a wide range of information is accessible to people with disabilities will enable people to access resources and support in their communities as everyone else can. This work requires a whole Council approach and the Chair of the Learning Disabilities Partnership Board is taking forward this work.

To reshape our enablement service model to make the best use of capacity, resources and skills of our staff

- 6.10 Traditionally, day services have been offered to people for long periods of time and have been focused on improving social isolation. We want to develop our enablement model, initially focusing on our in-house services to better support people to live more fulfilling and purposeful lives.
- 6.11 We want to re-focus our day centre to support people to gain, retain, regain or improve their skills towards independent living and enable people to progress to employment and/or voluntary work wherever possible. This will include both short term interventions and longer- term support to enable people to progress onto further opportunities.
- 6.12 We want to build on the concept of day centres being a 'hub' to access community facilities and review their opening times to increase the flexibility of access.
- 6.13 We want our teams to work closer and better together and with independent providers so their contribution to people's lives has more impact and we reached more of the right people.t.

To further develop our approach to focus on what matters to people and promote their independence

- 6.14 We will support our workforce to focus on what matters to people and take a strengths based approach to achieve what matters to them. We will undertake

# Agenda Item 10

timely reviews of the support that people need to achieve what matters to them and to help them to get a job.

- 6.15 We want to make better use of TECS (Technology Enabled Care and Support) as a way for people to live as independently as possible and to support carers. The 'Smart House' events in Tiverton recently showcased some of the latest personalised technology that is helping people to live in their own homes. The gadgets and equipment ranged from basic kitchen gadgets and aids to help people with limited mobility, through to the latest in hi-technology. TECS may be an alternative to care, but could also complement it. Our refreshed strategy to increase the use of TECS for all adults is supporting our approach.

## A whole life approach to how we prepare children and young people for adulthood

- 6.16 Through our partnership group across the health and care system, we are improving how we currently work together to better support young people transitioning from children's services. This includes making sure that support is focused on enabling young people to live as independently as possible and they can access to advice and guidance, to support them to live within their local communities.
- 6.17 Alongside this work, the purposeful systems team are looking at transitions between children and adult services, and how we can focus on what matters to people with disabilities over the course of their lives. A test of change with a small group of young people in a defined area of Devon is being proposed to support a better understanding of the impact of working in this way. Lessons from this test of change will inform how this work is taken forward.

## Smarter commissioning

- 6.18 We are improving our understanding of the providers of care and support to people with disabilities in Devon, and also how people are supported to live as independently as possible. This learning is on-going and constantly informing our work.
- 6.19 We want to make sure that appropriate provision is available for people as they develop independent life skills that is close to home. We also want to work with providers to identify and share best practice, and diversify supply of the support people receive at home to promote their independence. This includes working with District Councils to consider how housing supply can support integration in communities and greater independence for people with disabilities.
- 6.20 We are also working as a key part of the health and care system to improve how people with learning disabilities and autism are able to access health and social care support when they need it. Work is underway, as part of the Sustainability and Transformation Partnership for adults with learning disabilities and autism, to refresh our strategic approach and our model of care. This approach is aligned to the work taking place across the Council.

## **7. Next steps**

- 7.1 We are considering what we can do now and over the longer term to focus support on what matters to people and help them to achieve their goals, throughout their lives as adults and as they prepare for adulthood.
- 7.2 We will continue work to refresh our strategic approach for how adults with disabilities are supported across the care and health system in Devon. As part of this, we will talk again with the people and carers who use our services, and test our approach with a broader range of people and partners across Devon.
- 7.3 This work requires a step change in how we work with people and communities. It can only be achieved through the involvement of all parts of the Council and our partners, alongside our social care teams.
- 7.4 We will share our refreshed strategic approach and proposed new model of delivery, alongside what is needed to support our approach, with Cabinet in June.

Tim Golby  
Head of Adult Commissioning and Health

**Electoral Divisions: All**

Cabinet Member for Adult Care and Health: Councillor Andrew Leadbetter

Chief Officer for Adult Care and Health: Jennie Stephens

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

*Contact for Enquiries:*

Rebecca Hudson, Senior Commissioning Manager for adults

Email: [Rebecca.hudson@devon.gov.uk](mailto:Rebecca.hudson@devon.gov.uk)

Tel No: 01392 383 000

Room: 1<sup>st</sup> Floor, The Annexe, County Hall



## Internal Audit Outline Audit Plan 2018/19 Report of the County Treasurer

Please note that the following recommendations are subject to confirmation by the Committee before taking effect.

The attached report summarises the proposed internal audit activity within Health and Adult Care for the coming financial year.

**Recommendation:** members of the committee are requested to consider:

- the outline internal audit plan;
- provide input which will assist the detailed internal audit planning needs;
- highlight audits they may wish to receive summary reports from;

Mary Davis

Electoral Divisions: All  
Local Government Act 1972

### List of Background Papers

Contact for Enquiries: Robert Hutchins  
Tel No: (01392) 382437 Larkbeare House

<u>Background Paper</u>	<u>Date</u>	<u>File Ref</u>
Nil		

There are no equality issues associated with this report





devon**audit**partnership

## Internal Audit

# Adult Care and Health Internal Audit Plan 2018/19

Devon County Council  
Health & Adult Care  
Scrutiny Committee

Page 29

March 2018

Not Protectively Marked

Robert Hutchins  
Head of Audit Partnership

CUSTOMER  
SERVICE  
EXCELLENCE



CSE



®

Auditing for achievement

## Contents

INTRODUCTION .....	1
HIGH LEVEL AUDIT PLAN 2018/19 .....	2
PROPOSED AUDIT REVIEWS AND ASSOCIATED RISKS .....	3
FRAUD PREVENTION AND DETECTION AND INTERNAL AUDIT GOVERNANCE .....	6
APPENDIX 1 - AUDIT FRAMEWORK .....	7

Devon Audit Partnership	Confidentiality and Disclosure Clause
<p>The Devon Audit Partnership has been formed under a joint committee arrangement comprising of Plymouth, Torbay and Devon councils. We aim to be recognised as a high quality internal audit service in the public sector. We work with our partners by providing a professional internal audit service that will assist them in meeting their challenges, managing their risks and achieving their goals. In carrying out our work we are required to comply with the Public Sector Internal Audit Standards along with other best practice and professional standards.</p> <p>The Partnership is committed to providing high quality, professional customer services to all; if you have any comments or suggestions on our service, processes or standards, the Head of Partnership would be pleased to receive them at <a href="mailto:robert.hutchins@devonaudit.gov.uk">robert.hutchins@devonaudit.gov.uk</a>.</p>	<p>This report is protectively marked in accordance with the government security classifications. It is accepted that issues raised may well need to be discussed with other officers within the Council, the report itself should only be copied/circulated/disclosed to anyone outside of the organisation in line with the organisation's disclosure policies.</p> <p>This report is prepared for the organisation's use. We can take no responsibility to any third party for any reliance they might place upon it.</p>

## Introduction

This report details the draft Adult Care and Health audit plan for 2018/19.

The key objectives of Devon Audit Partnership (DAP) are to provide assurance to senior management and Audit Committee on the adequacy, security and effectiveness of the systems and controls operating within the authority. The audit plan will additionally provide assurance to managers and staff.

Audit have met with management to discuss risks and how audit resources can be used most effectively to provide the necessary assurance against these risks. The draft plan attached forms part of a larger audit plan covering all areas of the authority which will be presented to the Audit Committee on 28<sup>th</sup> March 2018. Responsibility for review, direction and approval of the internal audit plan lies with the Audit Committee. However, we can see value can be added through working with and supporting Scrutiny in the provision of assurance to the authority. The draft plan is provided for consideration and for input into areas that Scrutiny consider useful to internal audit to consider in the planning process.

The audit plan represents the proposed internal audit activity for the year and an outline scope of coverage. At the start of each audit the scope is discussed and agreed with management with the view to providing management, the County Treasurer (Section 151) and members with assurance on the control framework to manage the risks identified. The plan will remain flexible and any changes will be agreed formally with management and reported to Audit Committee.

### Expectations of Health & Adult Care Scrutiny Committee from this report

The members of the committee are requested to consider:

- the draft audit plan and proposed areas of internal audit coverage in 2018/19;
- highlight audits they may wish to receive summary reports from;
- if they wish to receive any in year progress report(s).

**Robert Hutchins**  
**Head of Audit Partnership**

## High Level Audit Plan 2018/19

This table shows a summary of planned audit coverage for the year. It should be borne in mind that, in accordance with the Public Sector Internal Audit Standards, the plan needs to be flexible to be able to reflect and respond to the changing risks and priorities of the Authority and, to this end, it will be regularly reviewed with directorates, and updated as necessary, to ensure it remains valid and appropriate. As a minimum, the plan will be reviewed in six months to ensure it continues to reflect the key risks and priorities of the Council given the significant changes across the public sector.

Detailed terms of reference will be drawn up and agreed with management prior to the start of each assignment - in this way we can ensure that the key risks to the operation or function are considered during our review. The following pages give a brief overview of the focus of proposed audit coverage for the year.

Page 32

A detailed analysis of proposed audit reviews is provided in the following schedule.

Core Activity for Internal Audit Review (Extract for Health & Adult Care Scrutiny Committee)	Coverage in Days
Health and Adult Care	185
<b>Total for Health and Adult Care Services</b>	<b>185</b>
<b>Total for DCC</b>	<b>1060</b>

## Proposed audit reviews and associated risks

SRR / ORR – Local Authority Strategic or Operational Risk Register reference

ANA - Audit Needs Assessment risk level

Risk Area / Audit Entity	Risk / Audit Needs Assessment (ANA) – an assessment of the priority of the planned review	Proposed Audit Work / Scope	Proposed Timings (Quarter)	Estimated Audit Effort (Days)
<b>Health and Adult Care</b>				
<b>Adult Care Operations and Health</b>				
Safeguarding	Medium: client request	To consider the timeliness of Safeguarding cases from start of process; protection plan; and final close down. Also to determine whether the real time system for monitoring timeliness is being used to improve standards across the County. To be informed by the use of comparative data which shows safeguarding activity levels are low relative to statistical neighbour and regional comparator authorities.	Q1	10
Learning Disabilities – Autism	High: client request	A review of support for adults with disabilities:- <ul style="list-style-type: none"> <li>How DCC (and the wider health and care system in Devon) is responding to the needs of people with LD, Autism and/or sensory (vision, hearing and speech) needs;</li> <li>To better understand outcomes for people with sensory needs in Devon as a consequence of DCC's model of specialist sensory input;</li> <li>To understand how outcomes could be improved for people in Devon with Autism.</li> </ul>	Q2/3	10
Learning Disabilities	Medium - client request	To consider how a shift in culture around engagement has been achieved, within the wider agenda to better support adults of working age. Full scope to be agreed.	Q2/3	10
Continuing Health Care	Medium: client request	To provide assurance that DCC operates within the LA legal limits for the provision of social care: <ul style="list-style-type: none"> <li>local policies and processes are agreed with NHS partners in line with the legal framework;</li> </ul>	Q3	15

Risk Area / Audit Entity	Risk / Audit Needs Assessment (ANA) – an assessment of the priority of the planned review	Proposed Audit Work / Scope	Proposed Timings (Quarter)	Estimated Audit Effort (Days)
		<ul style="list-style-type: none"> <li>that the social care contribution to CHC assessments is robust and timely and assessment resources are used effectively;</li> <li>funding agreements and disputes are resolved promptly;</li> <li>Assessment and commissioning for high cost/complex care support plans is subject to appropriate scrutiny and governance to meet quality expectations including best value in line with Fair and Affordable Care.</li> </ul>		
Section 117 – Mental Health	Medium: client request	<p>An audit to provide assurance that S117 policy agreements are in place with NHS partners, and that the agreements are robust, effective and provide for key expected elements. Ensuring but not limited to:-</p> <ul style="list-style-type: none"> <li>Funding calculations are accurate;</li> <li>Charging policies applied are appropriate.</li> </ul>	Q3	15
Deprivation of Liberty Safeguards (DoLS)	Medium: client request	To review the framework for DoLS, and review processes for making and assessing applications and ensure that the one-year authorisation limit is not exceeded.	Q2	15
Direct Payments	Medium: client request	To provide assurance that the pathway into direct payments is robust and consistent and that processes are robust enough to ensure payments are appropriate and meet the needs and expectations of the client and DCC.	Q3	10
Independent Reviews	Low; client request	<p>To provide assurance that the business case for investing in external case review capacity is sound in practice:</p> <ul style="list-style-type: none"> <li>The business case the procurement was based on was reasonable;</li> <li>The procurement process lead to a solution that met the requirement laid out in the business case;</li> </ul>	Q1	10

Risk Area / Audit Entity	Risk / Audit Needs Assessment (ANA) – an assessment of the priority of the planned review	Proposed Audit Work / Scope	Proposed Timings (Quarter)	Estimated Audit Effort (Days)
		<ul style="list-style-type: none"> <li>The external review capacity undertook the required number of reviews?</li> <li>The reviews were undertaken to the specified practice standards;</li> <li>The reviews have led to envisaged financial benefits.</li> </ul> <p>Review how the outcomes and lessons learnt from the External Review Report are being incorporated into the service practice.</p>		
<b>Adult Commissioning and Health</b>				
Technology Enabled Care Support (TECS) – formerly Assistive Technology	Medium; client request	<p>To assure that we are taking the opportunities offered by the new DILIS contract by making better use of Technology Enabled Care Support to find cost-effective solutions to people’s needs:</p> <ul style="list-style-type: none"> <li>Is the implementation of the DILIS contract realising its potential benefits?</li> <li>Are we changing our practice to make better use of assistive technology solutions?</li> </ul> <p>Consider how this compliments other solutions.</p>	Q4	10
Devon Partnership Trust	Medium: client request	Scope to be agreed	Q2	10
Working with District Councils on Accommodation and Housing	Medium: client request	A review of the “Accommodation with Care Strategy”, for all adult groups, to provide assurance that the strategy is robust; well engaged; and that it aims to ensure accommodation needs for adults with social care needs can be met in future. Also whether relationships with district councils are strong enough to deliver this strategy in partnership.	Q4	15
Implementation of new Care Homes Fees Model	Medium: client request	<p>Review implementation of new fee model at key gateways throughout the implementation process to determine whether:-</p> <ul style="list-style-type: none"> <li>key targets have been achieved;</li> </ul>	Q1-4	10

Risk Area / Audit Entity	Risk / Audit Needs Assessment (ANA) – an assessment of the priority of the planned review	Proposed Audit Work / Scope	Proposed Timings (Quarter)	Estimated Audit Effort (Days)
		<ul style="list-style-type: none"> <li>individual fee model established, replacing banded fees;</li> </ul>		
Market Capacity	Medium: client request	To assure that the Market Position Statement (MPS) is appropriate and effective and ensures that the Council can meet its statutory market sufficiency requirement for care.	Q4	10
Models of Care	Medium: client request	<p>A review of the Devon wide Strategy for the further development of the integrated arrangements for the provision of health in commissioning and the provision of care in Devon, to provide assurance around:-</p> <ul style="list-style-type: none"> <li>the roadmap and milestones;</li> <li>due diligence on options analysis and the decision making process;</li> <li>integrated care system – organisations; systems; partnerships</li> </ul>	Q1-4	15
Contingency	Medium; client request	Contingency. Audit assurance during the year at key gateway points as processes or systems change, or through commissioning arrangements.	Q1-4	10
Public Health - Nursing Services	Medium; client request	The focus of the Public Health audit for 2018/19 will be Nursing Services for 0-19 year olds. Therefore the audit scope and days have been reported to the Children's Scrutiny Committee.	n/a	0
Health and Adult Care: Advice, planning, monitoring and performance reporting			Q1-4	10

# Fraud Prevention and Detection and Internal Audit Governance

## Fraud Prevention and Detection and the National Fraud Initiative

Counter-fraud arrangements are a high priority for the Council and assist in the protection of public funds and accountability. Internal Audit will continue to investigate instances of potential fraud and irregularities referred to it by managers, and will also carry out pro-active anti-fraud and corruption testing of systems considered to be most at risk to fraud. In recognition of the guidance in the Fraud Strategy for Local Government “Fighting Fraud Locally” and the TEICCAF (The European Institute for Combatting Crime and Fraud) publication “Protecting the English Public Purse 2016”. Internal Audit resources will be allocated to allow a focus on identifying and preventing fraud before it happens. Nationally these areas include Procurement, Payroll, Blue Badges, Direct Payments and Pensions.

The Cabinet Office runs a national data matching exercise (National Fraud Initiative - NFI) every two years. Work on the 2018/19 exercise will commence in the summer, with resulting data matches available from early 2019. We will work with Council departments to ensure that the matches are reviewed and action taken as may be necessary.

## Internal Audit Governance

An element of our work, additional to the above plan, is classified as “other chargeable activities” – this is work that ensures effective and efficient audit services are provided to the Council and the internal audit function continues to meet statutory responsibilities. In some instances this work will result in a direct output (i.e. an audit report) but in other circumstances the output may simply be advice or guidance. Some of the areas that this may cover include:-

- Preparing the internal audit plan and monitoring implementation;
- Preparing and presenting monitoring reports to Senior Management and the Audit Committee;
- Assistance with the Annual Governance Statement;
- Liaison with other inspection bodies (e.g. External Audit, Audit South West);
- Corporate Governance - Over recent years Internal Audit has become increasingly involved in several corporate governance and strategic issues, and this involvement is anticipated to continue during the year;
- On-going development within the Partnership to realise greater efficiencies in the future.

## Partnership working with other auditors

We will continue to work towards the development of effective partnership working arrangements between ourselves and other audit agencies where appropriate and beneficial. We will participate in a range of internal audit networks, both locally and nationally which provide for a beneficial exchange of information and practices. This often improves the effectiveness and efficiency of the audit process, through avoidance of instances of “re-inventing the wheel” in new areas of work which have been covered in other authorities.

We have developed sound working arrangements with Grant Thornton, the authority’s external auditors and have regular liaison meetings to understanding their requirements and to provide the information they require, maximising the benefits of close working. We have also developed an effective working relationship with Audit South West (NHS Internal Audit) and anticipate more opportunities to work collaboratively together as integration between the Council and Health progresses.

## Appendix 1 - Audit Framework

Internal Audit is a statutory service in the context of The Accounts and Audit (England) Regulations 2015, which state: “A relevant authority must undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards (PSIAS) or guidance”.

DAP, through external assessment, demonstrates that it meets the Public Sector Internal Audit Standards (PSIAS).

The Standards require that the Chief Audit Executive must establish risk-based plans to determine the priorities of the internal audit activity, consistent with the organisation’s goals”. When completing these plans, the Chief Audit Executive should take account of the organisation’s risk management framework. The plan should be adjusted and reviewed, as necessary, in response to changes in the organisation’s business, risk, operations, programs, systems and controls. The plan must take account of the requirement to produce an internal audit opinion and assurance framework.

This audit plan has been drawn up, therefore, to enable an opinion to be provided at the end of the year in accordance with the above requirements.



We will seek opportunity for shared working across member authorities. In shared working Devon Audit Partnership will maximise the effectiveness of operations, sharing learning & best practice, helping each authority develop further to ensure that risk remains suitably managed.

This page is intentionally blank

